

**A STUDY TO EVALUATE THE EFFECTIVENESS OF PRANAYAMA ON THE  
LEVEL OF STRESS AMONG WIVES OF ALCOHOLICS IN SELECTED  
RURAL COMMUNITY AT DHARAPURAM.**

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M.SC., NURSING II YEAR



**A DISSERTATION SUBMITTED TO  
THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,  
CHENNAI PARTIAL FULFILMENT OF THE  
REQUIREMENT FOR THE DEGREE OF  
MASTER OF SCIENCE IN NURSING**

**2011 – 2013**

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**CERTIFIED BONAFIED PROJECT WORK**

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## ACKNOWLEDGEMENT

With immense joy and gratitude I raise my heart in praise and sincere gratitude to “**God Almighty**” for his manifold graces and blessings showered on me all throughout this study.

My sincere gratitude to **Mrs.Mariam Ul Asia**, chairman, Sara Nursing college, Manakadavu, Dharapuram for providing necessary facilities to conduct this study.

It is a moment of great pleasure to place on record, my deep sense of gratitude and indebtedness to **Mrs.Benazir, MBA**, vice chairman, Sara Nursing college,Dharapuram for her encouragement and deep inspiration to conduct this post graduation programme in her esteemed institution.

I extend my sincere gratitude to my mentor **Prof.Mrs.S.Indirani,MSc(N).**, Principal, Sara Nursing College, Dharapuram for his untiring efforts, valuable suggestions, constant encouragement and inspiring and illuminating guidance to make the work a successful learning experience.

I express my sincere thanks to **Prof.Mrs.Glory Surajamani, M.Sc(N).**,Vice principal for her guidance and support extended during the entire course of this study.

I wish to place on record, my heartfelt and sincere thanks to **Mrs.S.Kavitha,M.Sc(N)**,HOD of Psychiatric nursing, Sara Nursing

college,Dharapuram for valuable suggestions, scholastic support, thoughtful comments and motivation during the course of this study.

I am immensely grateful to **Mrs.C.Gomathi, M.Sc(N),M.Phil (Psy),** Lecturer, Psychiatric department for her expert guidance and scholastic suggestions and constant encouragement which made these studies a success.

I express my sincere thanks to **Prof.Mr. Kandasamy, M.Sc(N), (PhD),** our former principal and research co – ordinator, for his guidance throughout the study.

It is my pleasure to indebt my sincere gratitude to my Medical Guide **Dr.Dheep,M.D.,** Psychiatrist , Dheep psychiatric clinic, Madurai for his guidance and support, throughout this study.

I am greatly thankful to **Mr.Senthil Kumar,mphil.,**Statistician, for his constructive suggestions regarding statistical analysis.

My sincere thanks goes to **Mrs. Balaji, Panchayat President, Alangiam,** for having permitted me to undertake the study.

My sincere thanks to **Mr.C.Vijay Kumar, M.Sc, MLIS, M.Phil.,** Librarian, and **Mr.Shakthivel, B.Lit, CLISC.,** Asst.Librarian, Sara Nursing college, for their support and timely help throughout my study.

I express my appreciation to **Vijay Xerox** for helping me in shipping this manuscript.

I extend my special thanks to the nursing experts **Mrs.S.Rajamani, M.Sc(N), Mrs.Rojina M.Sc(N), Mrs.Angel Arputhajothi ,M.Sc(N),** and

**Mr.Mani, MSc,MA,MPhil,Ph.D** Professor in Psychology, who have contributed with their valuable suggestion in validating the tool.

My sincere thanks to **Mrs. S. Nalini, B.A., B.Ed., Asst (ENGLISH), Santhini Nikethan School**, for her timely work in English edition of my research condent successfully.

I also take this opportunity to extend my sincere thanks to my beloved mother **Mrs. Mary**, My loving husband **Mr. Francis**, My most lovable son **Juan Jose Francis**, and all my family members for their great blessings, encouragement and support to help for in the successful completion of this thesis.

It is my pleasure and privilege to express my deep sense of gratitude and thanks to all those who have contributed to the successful completion of this endeavor. I wish to express my deep sense of gratitude to all **my friends, my brothers and sisters** for their support, suggestions and encouragement during the course of my study.

## **ABSTRACT**

A study to evaluate the effectiveness of pranayama on the level of stress among wives of alcoholics in selected rural community at Dharapuram.

The present study was conducted in Alangium community area at Dharapuram. Pre experimental one group pretest and post test design was used for this study. Permission was obtained from the Panchayat President and oral consent was obtained from the subjects. Data collection procedure was done over the period of 4 weeks. The investigator selected 40 wives of alcoholics who were fulfilling the inclusion criteria through convenience sampling technique .In pre test, the investigator was used Modified stress assessment scale for assessing the level of stress among wives of alcoholics. Investigator made the subjects to practice pranayama daily in the morning for 15 days .After completion of the intervention post test was done. Descriptive and inferential statistics were used to analyze the finding of the study.

There was a significant difference found ( $p < 0.01$ ) in the mean pretest score of level of stress  $26.51[\pm 21.28]$  and post test score of level of stress  $10.97[\pm 15.19]$  among wives of alcoholics. There was a significant association ( $P < 0.05$ ) found between the stress score of wives of alcoholics and selected demographic variables like food habits and perceived social support.

It is concluded that Pranayama helps to reduce the level of stress among wives of alcoholics.

## INTRODUCTION

**“Give your stress wings and let it fly away”**

**Terry Guillemets**

Alcohol has been an important global concern. The impact of alcohol not only disturbs the physical health of an individual it also affects the people who surround him. The wife of an alcoholic who enters in the marital life with heartfelt expectations becomes exhausted when she faces tough life situations from the alcoholic husband due to arguments about drinking, role changes, conflicts, quarrels, physical violence, and spending money over alcohol, marital discord and divorce.

Higher levels of marital conflict and aggression have been also documented in couples with an alcoholic spouse when compared to marital relationship which were not complicated by alcohol (**Stanley and Anita 2007**).

According to **Ranganathan (2004)** drinking behavior may interrupt normal family task cause conflict and demand adjustive and adaptive responses from family members who do not know how to appropriately respond. In brief, alcoholism creates a series of escalating crisis in family structure and function which may bring the family to a system crisis. As a result the members may develop dysfunctional coping behaviors.

According to **Furtado et.al, (2002)** marital conflict and lack of coping mechanism were more frequent in these families and children of alcoholics fathers represent a group at risk for early onset of psychiatric problems observed.

WHO global status report on alcohol (2004) reported a study on spouses and family members of people with alcohol dependence. In interview with 45 members in Mexico (82%) of them the wives of a husband who has alcohol dependence. 73% reported feelings of anxiety, fear and depression, 62% reported physical and verbal aggression by the spouse towards the family's and 31% reported family disintegration with serious problems involving money and the children.

**Farrell and Murphy (1997)** found that significantly more wives of alcoholics in comparison to a matched community sample, experienced husband perpetrated violence, particularly of severe nature. Wives of alcoholics, problem drinking by husbands predicts intimate male to female physical aggression by community samples even after controlling for confounding variables.

A study conducted by the **NIMHANS (2008)** Bangalore and sponsored by the WHO shows that 20% of women reported domestic violence and 94.5% of women identified their husband's alcohol consumption as a significant risk factor in incidents of domestic violence.

Pranayama is a conscious prolongation of inhalation, retention, and exhalation of breath. It helps to maintain the flow of pure blood purifies and protects the internal organs and cells and neutralizes lactic acid, which causes fatigue. As wind drives away smoke and impurities from the atmosphere and its inherent quality is to burn and purify the area, pranayama is a Devine fire which cleanses the organs, senses, mind, intellect and ego. Practicing pranayama regularly will increase physical, emotional, social, and spiritual well being.

Stress is simply a fact of mature forces from outside world affecting the individual. The individual responds to stress in ways that affect the individual as well as their environment. Stress comes in many forms and affects people of all ages and all walks of life. No external standards can be applied to predict stress level in individuals. The degree of stress in our lives is highly dependent upon individual factors such as our physical health, the quality of our interpersonal relationship, the number of commitment and responsibilities we can try, the degree of others dependence upon us, expectations of us, the amount of support we receive from others and the number of changes or traumatic events that have recently occurred in our lives. The common symptoms of stress are muscle tension, sleeping disturbance, ulcers, headache, high blood pressure, rapid breathing, indigestion, fatigue, nervousness, anxiety, and forgetfulness, fear of failure, irritability, depression, anger, and mood swings.

Benefit of pranayama is to reduce stress. When encountering stress, one of our first responses is to hold the breath or breathe very shallowly. This is a 'flight or fight' primitive response that may have served us at one point in our evolutionary development. other benefits of pranayama are better emotional control and equilibrium, increase the rate of metabolism, strengthen the immune system, calms and steady the mind, improve focus and concentration, can raise or lower blood pressure,, depending upon the technique chosen and the desired result, body uses oxygen more efficiently, increasing our health and increase lung capacity.

Pranayama is a process of controlling or balancing our prana Shakti or life energy and there by keeping our body and mind healthy.



It is a simple technique that some one can spend 15 minutes daily. The greater advantage of this technique is that the client can do at anytime when they are in stress.

There is vast body of literature both in India and the west devoted to understanding the marital dynamics involved in alcoholism and ascertaining the deleterious impact that alcoholism could have on the personality and functioning of the spouse. Traits such as neuroticism, higher anxiety levels, depression, low self esteem and communication apprehension have been reported in wives of alcoholics and attributed to the intense stress and trauma experienced by her in the vitiated domestic environment that she lives in.

**Stanley (2001), Kuttand Sharma (1998), Rao and Kuruvilla (1991)** higher levels of marital conflict and aggression have been also documented in couples with an alcoholic spouse. When compared to marital relationships which were not complicated by alcohol of late use, there has been an increasing focus on children of alcoholics seeking to understand the adverse impact of parental alcoholism on their growth and psychological functioning. Indian literature from this perspective is scanty and there is a need for more comprehensive investigation to explore the consequences of parental alcoholism.

## **NEED FOR THE STUDY**

**“You can tell the condition of a nation  
By looking at the status of its women”**

**-Jawaharlal Nehru**

It is obvious that stress is present among wives of alcoholics. Excessive stress can be harmful to their life. Researches at the All India institute of medical science (2002) in New Delhi has discovered a clear link between rhythmic breathing process and a state of relaxed alertness and recommended the practice of pranayama for beating stress.

Marital conflict, separation and divorce are more common in alcoholic families than in general population. The marriage partners tend to argue about the alcoholics frequency of drinking. Un acceptable drunken behaviors resulting in financial problems, failure at performing household duties and family relationship problems. There is a high potential for domestic violence.

According to the National Health Service (NHS), UK, approximately 1 in every 13 people in the UK is an alcoholic an sizable proportion of the UK population drinks excessively according to the NIH 15% of people in the united states or problem drinkers, and about 5%-10% of male drinkers and 3%-5% of female drinkers could be diagnosed as alcohol dependent. According to the WHO there are at least 140 million alcoholics in the world and the majority of them are not treated. A US study estimated that above 30% of Americans report having an alcohol disorder at some times in their life. Alcohol consumption more severely affects women than men. According to a coordinated study carried out by researchers at RTI international, Pavlov medical university, Leningrad Regional Center of Addiction, pacific institute for Research and Evaluation, and Johns Hopkins school of medicine.

A Canadian study found that alcohol is a factor in one in 25 death world wide .The British Medical Association says that alcohol kills six people in Scotland every day. In India there were about 3 million alcoholics in 1960.In 1980 WHO reported that 3 million alcoholics in which one in 25 who consumed alcohol had become severely addicted.

A study by NIMHANS has shown that the average of initiation has reduced from 28 years during the 1980 to 20 years in the recent times. The National survey (study sponsored by the ministry of social Justice and empowerment and the united Nations office on drugs and crime, 2004) revealed that among adult men, about 21% were current drinkers and about 17% were regular user of alcohol and among alcohol those seeking treatment about 44% were alcohol users .The most recent data on alcohol use is available from National family Health survey March 2007. It shows that about 32% were current users of alcohol, and between 4-13% daily users. The proportion of users among rural and urban population is very similar 32%and 31% respectively.

In Chennai 34.5% are addicted with alcohol. WHO report committee(2007) reported that alcohol use and the problems associated with it are increase in India which has second largest population in the world with 33% of its population consuming alcohol. According to **Bharathi .K (1995)** alcoholism is the third largest health care problem in India.

### **“A woman her tears wear like jewelry”**

It is true with the women who are living with an alcoholic husband. The non addicted spouse will often tell that they are abused verbally and emotionally by their husband.

Health for all by 2025 AD is the slogan which gives importance to health care by the people and for the people. This will remain dream unless the spouse of the alcoholic husband was relieved from stress. Because healthy women is essential for building the healthy family and healthy nation.

In the light of the above idea and from the experience of the investigator it will be observed that it is essential to assess the level of stress among wives of alcoholics to carry out normal routine daily activities.

## **STATEMENT OF THE PROBLEM**

**A study to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics in selected rural community at Dharapuram.**

## **OBJECTIVES**

- To assess the level of stress among wives of alcoholics before and after pranayama.
- To evaluate the effectiveness of pranayama on the level of stress among wives of alcoholics.
- To associate the level of stress among wives of alcoholics with their selected demographic variables.

## **HYPOTHESIS**

H<sub>1</sub> : There was a significant difference in the mean score of stress among Wives of alcoholics before and after pranayama at P<0.05 level of Significance.

H<sub>2</sub> : There was a significant association between the level of stress among wives of alcoholics and their selected demographic variables at P<0.05 level of significance.

## **OPERATIONAL DEFINITION**

### **Effectiveness:**

It refers to the statistically significant change found in the level of stress among wives of alcoholics after pranayama.

### **Pranayama**

It refers to a type of Yoga, in which the systematic deep breathing technique is used to relax the mind of wives of alcoholics from stress.

### **Stress**

Stress denotes the physical and psychological problems experienced by the wives of alcoholics as a result of life with an alcohol dependent husband.

### **Wives of alcoholics**

It refers to the women aged between 20-45 years, married a man who have the habit of consuming alcohol every day for minimum one year.

## **ASSUMPTIONS**

- The wives of alcoholics may have stress in their life.
- Pranayama may help to relax the mind from stress.

## **DELIMITATION**

- The study is limited to wives of alcoholics those who are residing in selected community Alangium.
- Data collection period is limited to four weeks.

## **CONCEPTUAL FRAME WORK**

- The conceptual frame work for the study was adapted and modified from the Betty Neuman's system model(1972)

The conceptual frame work used for the study was modified Betty Neuman's system model. Neuman was a pioneer of nursing involvement in mental health. Neuman designed the nursing conceptual model in 1970 to expand the understanding of client variables and adjustment process is dynamic and continuous. She focuses on the client as a system and on the client's response to the stress. The theory focuses on the following concepts.

### **Description**

#### **Basic structure**

It refers to basic function common to all organisms such as normal temperature range, genetic structure, organ strength and weakness.

In this study basic structure refers to the demographic variables of wives of alcoholic such as age, religion ,education, occupational status of the husband, monthly income, number of children, duration of consuming alcohol by husband, duration of married life, food habits, type of family, previous knowledge about pranayama, perceived social support.

**Lines of resistance**

Represent the internal factors of a person that help to defend against a stressor, it helps to stabilize the person and encourage the person to the normal line of defense.

In this study it refers to the will power of the wives of alcoholics. It helps to stabilize wives of alcoholics and encourage to the normal line of defense.

**Normal line of defense**

Refers to the equilibrium state or the adaptation state that a client has developed overtime, this state is the norm for the client. In this study it refers to the coping ability of the wives of alcoholics has developed over time.

**Flexible line of defense**

Refers to the protective barrier to prevent stressors from breaking the normal line of defense is dynamic and can change rapidly over a short time. In this study it refers to family, friends, and other social groups to prevent stressors from breaking the normal line of defense of wives of alcoholic.

**Stressor**

Stressors are the stimuli or situation which provoking stress for an individual which may be intrapersonal and extra personal factors, a stressor may include any tension producing stimuli that has the potential to affect the person's normal line of defense.

In this study intra personal stressors refers to family problem, peer pressure, loneliness lack of good relationship with family member's friends and society. And extra personal stressor which include financial difference.

### **Degree of reaction**

Degree of reaction refers to the amount of system instability that occurs after exposure to the stressor. A person's reaction to a stressor is determined by natural and learned resistance. This is manifested by the strength of the lines of resistance and of normal and flexible lines of defense.

In this study reaction refers to the level of stress is manifested as symptoms like irritability impaired concentration, headache, chest pain, poor appetite, frustration and reduced productivity.

### **Intervention**

Intervention is the measure to reduce the impact of stressor it can occur before or after resistance line are penetrated in both reaction and reconstitution phase, and it is used to retain or maintain system stability.

In this study intervention refers to pranayama will be practiced in morning for 15 minutes for 15 days by the wives of alcoholics.

### **Secondary prevention**

Secondary prevention is early detection and treatment of symptoms of illness. In this study it refers to the identification of level of stress among pretest using stress assessment rating scale and implementation of pranayama in rural community area.



### **Tertiary prevention**

Tertiary prevention takes place when reconstitutions or some degree of stabilization has occurred, which include readaptation and reeducation to prevent future occurrence maintenance of stability and rehabilitation.

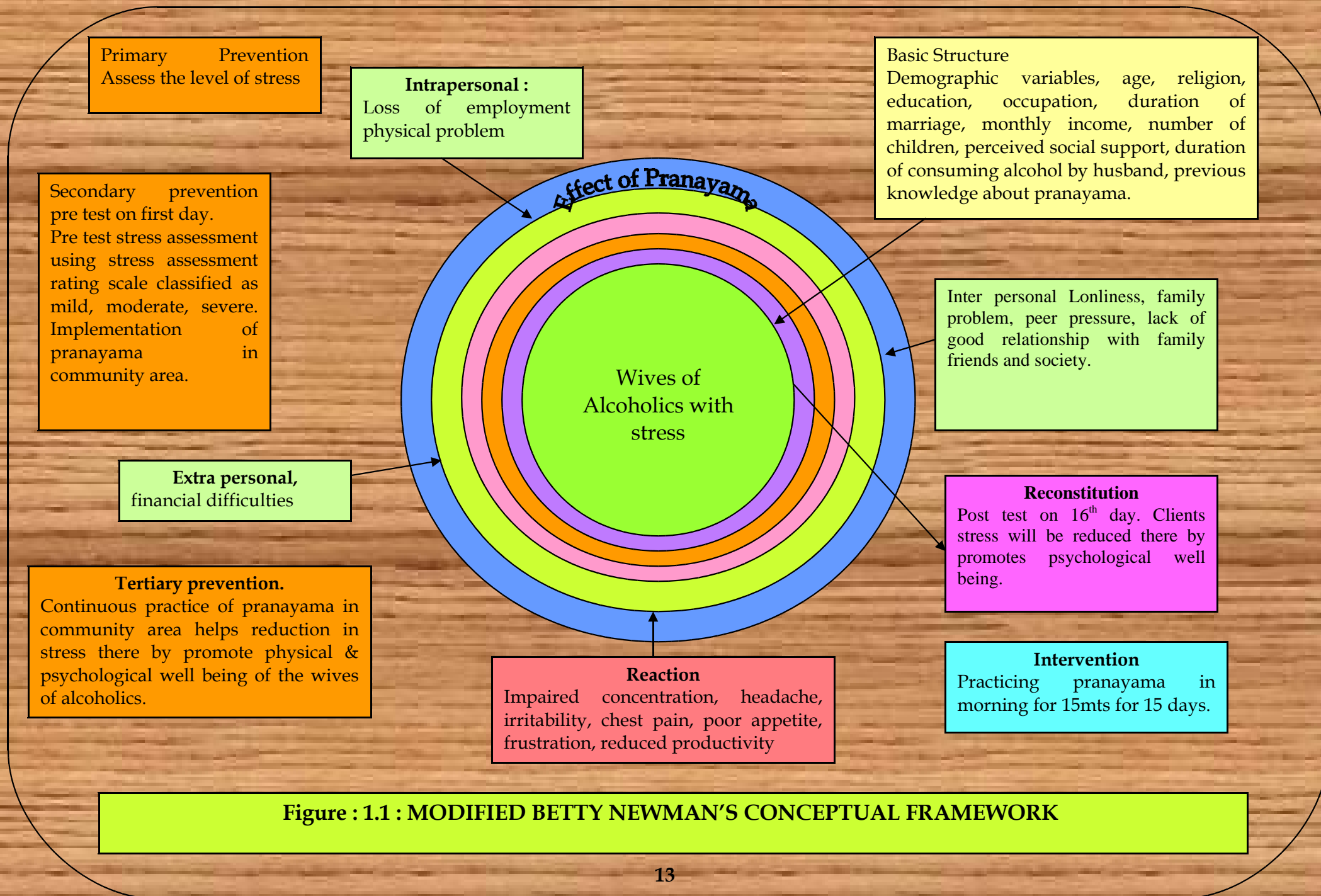
In this study it refers to practice of pranayama helps in reduction of stress and promotes physical and emotional well being of wives of alcoholics.

### **Reconstitution**

Reconstitution means reconstruction of a person personality to normal well being.

In this study it refers to post test stress assessment using stress assessment scale classified as no stress, mild, moderate, and severe. Stress will be reduced through the regular practice of pranayama thereby promotes psychological wellbeing of wives of alcoholics.

In this study conceptual frame work is formulated focusing on the level of stress of wives of alcoholics based on the basic structure. How the physical problem, family problem, social problem affect their reaction to stress. Practicing pranayama helps to reduce the level of stress and to promote physical, psychological wellbeing of the wives of alcoholics.



## CHAPTER- II

### REVIEW OF LITERATURE

“ Literature is a kind of intellectual light,  
Which like the light of the sun may sometimes  
Enable us to see what we do not like”

**-Samuel Johnson**

Review of literature is an important milestone in the formation of any research as it not only helps the researcher to find researchable topics but it also helps the researcher to get strong evidences related to his/her topic.

Review of literature is an essential component of the research process. Review of literature is a critical examination of publication related to a topic of interest. (Nancy Groove-2005)

- Literature related to stress
- Literature related to Pranayama
- Literature related to stress among wives of alcoholics.
- Literature related to effectiveness of pranayama on stress.

#### **LITERATURE RELETED TO STRESS**

**Jennifer Martin (2008)** conducted a study to assess the effect of stress on back pain among 90 IT professional workers in Belgium. Modified Professional Life stress Scale checklist was used to assess the stress level among professional workers. Stress creates tension in the muscles which leads to spasm and squeeze blood vessels and reduces

the flow of oxygen and nutrients to the tissues with increasingly tense muscles, there is a build up of carbon dioxide and waste chemicals, such as lactic acid and in the tissues, leading to increased fatigue and pain. Stress also increases nerve activity in the muscles which increases tension and spasm. So the study shows that the back pain increases with stress.

**Lorraine Brown. (2007)** conducted a study shown that there is a relationship between stress and long-term absence among 90 Industrial workers in Colombia. Samples were assessed with stress assessment scale, workers experiencing long term absence as a result of stress related psychological problems. The data were collected by in depth interviews addressing details of their work, family structure, and effort to make to establish a work/life balance. The result shown that workers who are experiencing more stress, show more absence

**Carnegie Mellon (2007)** conducted a study to assess the relationship between stress and chronic disease among 120 samples in Mount Zion Hospital Edmond. Modified DASS was used to assess the stress level. The result shown that stress is a contributing factor to human disease stress, depression, coronary artery disease and alteration of the immune system of the body. The effect of the immune system has a potential to influence the occurrence of depression, infections, coronary artery disease, and immune disease.

**Kimbley V. Oxington, (2005)** conducted an experimental study to assess the relationship between the job parameters, psychological stress, and infertility. A prospective cohort study conducted among 75 couples admitted for a female infertility problem in Mother Care Infertility

centre London. A co-relation was found between infertile women conceiving after treatment and job characteristics of a less mentally stressful job and less simultaneous task of work. The result showed that women who held in less mentally stressful job have higher delivery rate.

**Wendy V. Baswell, (2003)** conducted a study on occupational stress among managers working in multinational companies in Malaysia. Data is collected through questionnaire distributed to managers in 34 multinational companies. A total number of 440 managers participated in this study. It was found that work load, working conditions and relationship at work were the main concern of the managers that lead to stress at the workplace. The result also indicated that certain demographic variables also influence the level of stress among managers.

**Chong siong (2001)** conducted a study to assess the causes and the ways of coping with stress among 60 employees working in a Professional institute at China. Studies show that stress can lead to low productivity, low quality of life and low interpersonal relationship. The factors like biological, psychological, and sociological factors are responsible for the occurrence of stress and the result shows that based upon the situation and problem solving capacity the coping level will vary.

## **LITERATURE RELATED TO PRANAYAMA**

**Muniyandi.M. (2011)** conducted a quasi experimental study to evaluate the effectiveness of pranayama on reduction of anxiety level among alcoholics. The study was conducted in Wisdom hospital De-

addiction centre at Chennai. Non probability purposive sampling technique has been adapted to select 60 samples. As an intervention of 15 minutes pranayama was administered for samples. The findings reveal that pranayama helps in decreasing the level of anxiety among alcoholics.

**Eldhose K Thankachan (2011)** conducted a quasi-experimental study to evaluate the effectiveness of pranayama on level of perceived stress among 60 elderly person residing St.Joseph old age home in Podanur at Coimbatore.15 minutes pranayama was administered samples for 6 days. The finding of the study revealed that pranayama helps in decreasing the perceived level of stress among elderly clients.

**Kavitha.A (2010)** conducted a pre experimental study to determine the effectiveness of pranayama on stress among first year Bsc nursing students in Chennai.40 students are selected by simple random sampling technique. Modified stress assessment scale was used to assess the level of stress among students. The results indicate that pranayama is effective in reducing stress among nursing students.

**Kimberlee B.B,David P.,(2009)** conducted an experimental study to investigate the effects of pranayama on the level of stress, anxiety and depression older 83 adults men and 42 women in Uk. Subjects were randomly assigned to one of 4 activity groups (pranayama, chair aerobic, walking, social games) for 30 minutes. Result shows and that pranayama group showed the most stress reduction overtime. It was concluded that pranayama is effective in reducing stress in older adults.

**Wang D.,(2009)** conducted an experimental study to evaluate the effect of pranayama on physical and mental health among 90 older adults residing old age home in Delhi .The researcher identified that there is a growing evidence that Pranayama can improve physical and mental wellbeing, including balance, range of motion, blood pressure, pain, fatigue, and general health.

**Jyotsana R.B.,et al.(2009)**conducted a study on the effect of pranayama on cardiovascular system function in subject above 60 years of age in medical college Kottayam.40 samples were selected by using convenience sampling technique. Results show that there is a significant reduction in the pulse rate .It was concluded that pranayama reduces the age related deterioration in cardiovascular functions.

**Raghuraj P.,et.al.(2007)** conducted an experimental study to evaluate the effect of pranayama increases the grip strength without lateralization effects among 130 elderly clients aged 60-85 years in Mangalore. Samples were randomly assigned into 5 groups; each group had a specific pranayama practice. The study reveals that pranayama through a particular nostril or alternative nostril increase hand grip strength of both hands without lateralization.

**Rachna S.,( 2006)**conducted an experimental study to assess the effectiveness of nadi suddhi pranayama on forced vital capacity .40 male participants between the age group of 60-85 years at Haridwar. Subjects were assigned randomly 20 in experimental group and 20 in control group. The result indicates that nadi sudhi pranayama significantly improves the vital lung capacity of individuals.

**Prasad K.V.V.et.,(2006)** conducted an experimental study to evaluate the impact of pranayama and yogasana on blood lipid profiles and free fatty acids in two stages among 41 women and 24 men at Hyderabad. The study findings show that significantly reduction was observed in blood lipid profile. It was concluded that pranayama and yoga can be helpful in patients with lipid profile metabolism disorders.

**Katiyar S.K.Shailesh B.,(2005)** conducted a randomized controlled study to evaluate the effect of pranayama in rehabilitation of 48 elderly COPD clients in medical college at Gujarat. The group one client was trained to do pranayama for three months. Result reveals that training induced changes were greater in group -1 than group- 2.The study reveals that pranayama is effective in reducing COPD.

## **LITERATURE RELATED TO STRESS AMONG WIVES OF ALCOHOLICS**

**Christopher W.Kabler et.al (2009)** conducted a study on sources of distress among women in treatment with their alcoholic partners. They examined the sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking out patient conjoint alcoholic treatment in Bangalore. Result high light the close connection between psychologic and relationship distress and potential relations between alcohol related coping behavior and both psychological and relationship distress.

**Cho.s, (2008)** conducted a study on meaning of life in wives of alcoholics. The purpose of the study was to explore and describe life stones and meaning of life in wives of alcoholics by analyzing their autobiographies. Autobiographies were collected from 20 participants



who produced their own information. The conclusion is that the wives of alcoholics who participated in logo therapeutic autobiography program found the meaning of life through their suffering.

**Dawson D. et. al, (2007)** conducted a study to examine the association between partner alcohol problems and selected physical and mental health outcomes among married women before and after adjusting for potential confounders and to own alcohol use disorders across sectional retrospective survey of nationally representative sample of US adults 18 years of age and older. The sample consists of 11,682 married women. Results showed that women's whose husbands are alcoholic were more likely to experience victimization injury, mood disorders and anxiety disorders and were in poorer health than women whose partners did not have health problems. They also experienced more life stressors and had lower mental quality of life scores. This study showed that partner alcohol problems pose diverse health threat for women that go beyond their well-documented association with domestic violence.

**Tempie et.al,(2006)** conducted a study to assess psychological distress among 40 female spouses of male at risk drinkers in Nagpur .This study confirmed higher levels of psychological distress in female spouse of male life time at risk drinking is a factor for the spouses psychological distress.

**Homesh et. al, (2006)** conducted a study to examined how one spouses alcohol involvement and alcohol related problems affect his/her spouses depressive symptomatology overtime 634 couples from a community sample. The results showed both husband and wives

marital alcohol problem were associated with wives depressive symptoms. Husband's frequencies of heavy drinking were related to husband's depressive symptoms however wives alcohol problems and use were unrelated to husband's depression.

**Koopman.c.et al., (2003)** conducted a study on relationship of alcohol use, stress avoidance, coping and other factors with mental health among highly educated 856 employees in north California. This study was a one time mail out, mail back cross sectional survey design to examine the relationship of mental health with stress use of avoidance coping and antidepressant. The conclusion is mental health status was poorer in a highly educated work force compared with general US norms.

**Sridevi P.A, (2000)** conducted a study on stress, coping and domestic violence in wives of alcohol dependent individual. An exploratory descriptive design was adapted. Wives of alcohol dependent individuals admitted in the NIMHANS. Data was collected by personal interview with 75 wives. Finding showed the wives of alcoholic dependent individual experiences high level of stress and domestic violence is a problem they face which needs significant attention by health providers.

**Grubisic- ilic et al.,(1998)** Studied the basic personality dimension of wives of alcoholic in comparison to the wives of non alcoholics .The sample were 2 homogeneous groups of 100 alcoholic wives and 90 wives of non-alcoholics. Subjects in both the group were administered with the Eysenk personality questionnaire for measuring the main personality dimensions. The structured interview results

revealed that the wives of alcoholics were psychiatrically treated more often than the wives of non alcoholics. The researchers conclude that the wives of alcoholics were psychiatrically treated more often than the wives of non-alcoholics.

## **LITERATURE RELATED TO EFFECTIVENESS OF PRANAYAMA ON STRESS**

**Khan.J.et. al.,(2010)** conducted an experimental study to assess the effectiveness of pranayama on perceived stress.54 sample were selected based on simple random sampling from CMH Lahore Medical college, Pakistan. Samples of age between 50-80 years were selected. Pretest and post test assessment of stress was done by using perceived stress scale. The study concluded that there was a significant reduction in the post test assessment of perceived level of stress.

**Sexana, Manjari S.,(2009)** conducted an experimental study to evaluate the effect of pranayama in mild and moderate level of stress among 50 elderly clients by using perceived stress scale. Subject are assigned to group A and group B through simple random technique. Results show that group A had significant reduction in stress, as compared to group B subjects. It was concluded that pranayama improves lung function as well as brain function and there by reduce stress.

**Kluck,Benjamin J .et.al., (2008)** conducted an experimental study to evaluate the effect of pranayama on pain tolerance, compassion and stress level among 62 elderly residence of a old age home in Korea. Subjects are meditated for 15 minutes a day for 15 days. The result reveals that pranayama was effective in reducing stress level and

improving pain tolerance. It was concluded that pranayama was effective in reduce stress level.

**Roth B. et al., (2008)** conducted an experimental study to evaluate the effect of pranayama in stress reduction among 78 English & Spanish speaking elderly clients. Results reveals that statistically significant decrease in medical and psychological symptoms and improvement in self esteem were found and the samples reported dramatic change in attitudes, beliefs, habits, and behaviors. It was concluded that pranayama based stress reduction programme is effective in reducing stress.

**Pendo F.J.et.al.,(2008)** conducted an experimental study to evaluate the effect of pranayama in reducing stress and improving the quality of life among 92 elderly residing in old age home. Subjects were randomly assigned to six days pranayama group and one day seminar group. Result reveals that individual in the pranayama intervention showed significant improvement in quality of life and reduction of stress. It was concluded that 6 day's pranayama group intervention was effective in reducing stress.

**Shannahoff S.D., Beckett L.,(2006)** conducted an experimental study to evaluate the efficiency of pranayama in treatment of stress disorders among 80 elderly clients residing St.Thomas old age home in Lacknow by using perceived stress scale. It was concluded that perceived stress scale score showed significant reduction in stress among elderly clients.

**MC Caffery. et.al.,(2005)** conducted an experimental study to evaluate the effect of pranayama on stress and hypertension among 60 hypertensive patients in Thailand. The study finding shows that the experimental group showing significantly decreased mean stress scores and blood pressure.

**Dibenedetto M, et.al (2004)** conducted an exploratory study among elderly to determine the effectiveness of pranayama on perceived stress. The study was conducted in Poona with 60 elderly people residing in a old age home. Single group pretest, post test design was selected and intervention of pranayama lasting for duration of 10 minutes was provided for 5 days in the morning. The study concluded that pranayama was effective in significant reduction in level of stress among elderly.

**Owens G.P. et al., (2001)** conducted a cross sectional study to evaluate the effectiveness of pranayama on stress among elderly. 843 samples were selected from Sacred Heart old age home, Alaksa. Samples were given alternate nostril breathing exercise for duration of 20 minutes. Study was concluded that pranayama was effective in reducing the level of stress among elderly.

## **CHAPTER-III**

### **RESEARCH METHODOLOGY**

Research methodology provides a brief description of the method adopted by the researcher in this study. Research methodology includes, research approach, research design, setting, the population, sample criteria for sample selection, method of sample selection, description of the tool, validity, reliability, pilot study, procedure for data collection and plan for data analysis.

#### **RESEARCH APPROACH**

The study was designed to find out the effectiveness of pranayama on the level of stress among wives of alcoholics. Evaluative approach was used for this study.

#### **RESEARCH DESIGN**

A pre experimental one group pre test and post test design was used for this study.

O1        X        O2

- O1    -    Pre test on the level of stress among wives of alcoholics.
- X     -    Administration of pranayama to wives of alcoholics.
- O2    -    Post test on the level of stress among wives of alcoholics.

#### **VARIABLES**

Independent variable	:	Pranayama
Dependent variable	:	Level of stress

## **SETTING OF THE STUDY**

The study was conducted in Alangium rural community area at Dharapuram. It is located 10 kilometers away from Sara Nursing College. This area comprises of 30,000 population .In which 16420 are females and 13580 are males. Main occupation of this area is building construction. About 70% of the male have the habit of consuming alcohol daily. There is one wine shop, also the people are making alcohol themselves and sailing. This area has a PHC comprised of out patient department, laboratory, pharmacy, and labour room. Most of the people getting consultation from this PHC. The rural community has the educational facilities like elementary and high school. For religious purpose one mosque, one church, and two temples are present and it shows that they were giving importance for all religion and helping each other, and also they have enough water and drainage facilities available.

## **POPULATION**

The population of this study was wives of alcoholics those who were residing in Alangium rural community.

## **SAMPLING**

### **Sample**

Samples consist of wives of alcoholics who met the inclusion criteria.

### **Sample size**

The sample size of this study was 40 wives of alcoholics.

### **Sampling technique**

Non probability convenience sampling technique was used to select sample for this study.

### **CRITERIA FOR SAMPLE SELECTION**

#### **Inclusion criteria**

- Women who are aged between 20 to 45 years.
- Women who speak and understand Tamil and English

#### **Exclusion criteria**

- Those who are working women.
- Those who are not willing to participate in this study.
- Those who are physically and mentally ill.

### **DESCRIPTION OF TOOL**

The tool used for data collection is presented with two sections.

#### **Section A: Structured Interview questionnaire for demographic profile.**

The demographic profile of wives of alcoholics such as age, religion, education, type of family, monthly income, food habits, number of child, duration of married life, duration of consuming alcohol by husband, occupational status of the husband, previous knowledge about pranayama and perceived social support. No score was given for this section. The investigator asking the questions and requested the subjects to respond one by one.



## **Section B: Modified stress Assessment scale to assess the level of stress among wives of alcoholics.**

Modified stress assessment scale was used to assess the level of stress among wives of alcoholics. It is a standardized tool developed by Lovibond, S.H. & Lovibond, P.F. (1995) manual for depression anxiety stress scale. This 4 point scale comprises of 20 items made to assess the stress level. The scale score ranging from 0-3 (0-Did not apply to me all, 1-Applied to me to some degree, 2-Applied to me a considerable degree, and 3-Applied to me very much). Subjects were requested to respond each items. The maximum score of the tool is 60 and minimum score of the tool is 20. The total score of each subject will be calculated and converted into percentage. The level of stress will be divided into 4 categories.

<b>0 %</b>	<b>-</b>	<b>No stress</b>
<b>1-50%</b>	<b>-</b>	<b>Mild stress</b>
<b>51%-to 75%</b>	<b>-</b>	<b>Moderate stress</b>
<b>Above 75%</b>	<b>-</b>	<b>Severe stress</b>

## **VALIDITY**

For content validity 5 experts were evaluated (3 experts from the department of Psychiatric Nursing, one psychiatrist, and one psychologist). The tool was found valid suggestions were incorporated.

## **RELIABILITY**

To ensure the reliability of the tool, it has been administered to six wives of alcoholics with stress. Reliability of the tool was established by using Test- retest method and the reliability coefficient was  $r = 0.89$ . Hence the tool was reliable.

## **PILOT STUDY**

In order to find out the feasibility and practicability, a pilot study was conducted at Ponnu Nilayam, Dharapuram for a period of 5 days (18.4.12 to 22.4.12) among 6 wives of alcoholics. Intervention Pranayama was administered to subjects 15 minutes daily morning for three days. The study was found feasible to conduct.

## **METHOD OF DATA COLLECTION**

### **Ethical consideration**

A formal written consent was obtained from the panchayath president and the oral consent was obtained from the subjects. Assurance was given to subjects regarding the confidentiality of the data and anonymity maintained throughout the study.

### **Period of data collection**

The main study was conducted in Alangium rural community at Dharapuram for 4 weeks from 28/05/12 to 28/06/12.

### **Data collection procedure**

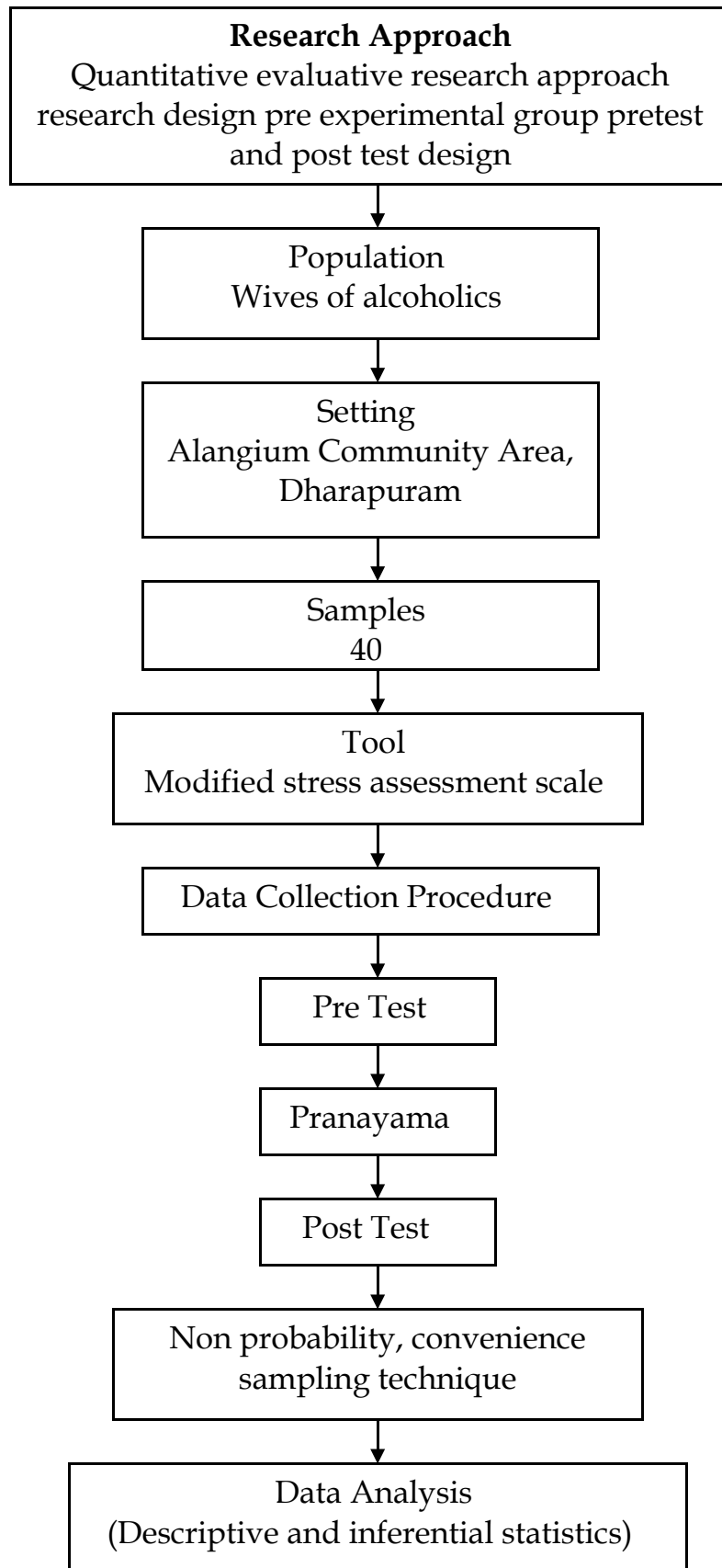
The data collection was conducted in Alangium rural community at Dharapuram. Permission was obtained before the data collection. The objective of the study was explained to the panchayat president and subjects to get their co-operation during the study. The study was done after obtaining the oral consent from the subject's. During the data collection period, the investigator was selected 40 samples who met the inclusion criteria was selected by using non-probability convenience sampling technique. In the first week of data collection Pretest was conducted by using modified stress assessment scale. After the pretest Pranayama was administered for 10 to 15 minutes. The investigator

divided the subjects into three groups 15, 15 and 10 and demonstrated pranayama made them to re-demonstrate. From the next day onwards daily morning subjects from each group was gathered together in a common hall and practice pranayama under the supervision of investigator for 15days. After 15 days of completion of intervention post test was conducted.

### **Plan for data analysis**

The data was analyzed by using descriptive and inferential statistics. The following plan for data analysis was developed

- a) Frequency, percentage and standard deviation were used to assess the demographic factors and to describe the level of stress among wives of alcoholics.
- b) Paired't' test was used to evaluate the effectiveness of pranayama on the level of stress among wives of alcoholics.
- c) Chi square test was used to find out the association between the level of stress among wives of alcoholics and their selected demographic variables.



**Figure : 3.1 : Schematic Representation of Research Methodology**

## **CHAPTER-IV**

### **ANALYSIS AND INTERPRETATION**

Analysis is the process of organizing and synthesizing the data in such a way, that question answered the hypothesis (**Polit,D, F.Huggler 2003**).

This chapter dealt with analysis and interpretation of data to evaluate the effectiveness of pranayama on stress among wives of alcoholics in selected rural community at Dharapuram.

The data analysis is presented as following sections:

#### **Section-A:**

Distribution of samples according to their demographic variables.

#### **Section-B:**

Distribution of samples according to their level of stress before and after Pranayama.

#### **Section-C:**

Effectiveness of Pranayama on the level of stress among wives of alcoholics.

#### **Section-D:**

Association between the level of stress among the wives of alcoholics and their selected demographic Variables.

## SECTION: A

**Table-4.1:**

**Distribution of samples according to their demographic variables**

**n=40**

<b>S. No</b>	<b>DEMOGRAPHIC VARIABLES</b>	<b>Frequency f</b>	<b>Percentage %</b>
1	<b>Age</b> a) 20-28 years b) 29-37 years c) 38-45 years	16 12 12	40 30 30
2	<b>Religion</b> a) Christian b) Hindu c) Muslim	4 28 8	10 70 20
3	<b>Education</b> a) No formal education b) Primary education c) Secondary education d) Higher secondary education e) Graduate	5 15 14 5 1	12 38 35 12 3
4	<b>Monthly Income</b> a) ≤ Rs. 1000 b) Rs .1001-3000 c) Rs. 3001-5000 d) > Rs.5000	1 5 23 11	3 13 57 27
5	<b>Type of family</b> a) Nuclear family b) Joint family c) Extended family	35 4 1	87 10 3
6	<b>Food habits</b> a) Vegetarian b) Non Vegetarian	2 38	5 95
7	<b>Nu mbe r of chil dre n</b>	5 23 55 17	

a) No child			
b) One child			
c) Two children			
d) More than two			

S. No	DEMOGRAPHIC VARIABLES	Frequency f	Percentage %
8	<b>Duration of consuming alcohol by husband</b> a) 1-2 years b) 3-4 years c) Above 4 years	7 14 19	17 35 48
9	<b>Duration of married life</b> a) 1-2 years b) 3-4 years c) Above 4 years	4 7 29	10 17 73
10	<b>Occupational status of the husband</b> a) Coolie b) Private c) Government employee d) Business	18 13 3 6	45 32 8 15
11	<b>Previous knowledge about Pranayama</b> a) Yes b) No	10 30	25 75

12	<b>Perceived social support</b>		
	a) Relatives	34	85
	b) Neighbor	2	5
	c) Friends	3	8
	d) No support	1	2

Table 4.1. Shows that, the majority of the subjects, 16(40%) were between 20-28 years of age, 28(70%) of them were belongs to Hindu religion, 15(38%) of them had primary education. Considering their monthly income, 23(57%)of them were getting between Rs.3001-5000, 35(87%) of them belongs to Nuclear family, 38(95%) of them were non-vegetarian, 22(55%) of them had two children, 19(48%) of the husband were had the habit of consuming alcohol for above 4 years, 29(73%) of them were above 4 years duration of married life, 18(45%) of the subjects were belongs to coolie, 30(75%) of them had no knowledge about pranayama, and 34(85%) of them had support from their relatives.



## SECTION - B

### Distribution of samples according to their level of stress before and after pranayama

n=40



Figure: 4.1 illustrate that in the pre test majority of the subjects 34(85%) had mild stress, 2(5%) had moderate stress and 4(10%) had severe stress. where as in post test, none of them had severe stress, 2(5%) subjects had moderate stress, 28(70%) had mild stress and 10(25%) of them had no stress.

## SECTION: C

**Table-4.2:**

**Effectiveness of pranayama on the level of stress among wives of alcoholics**

n=40

S. No	Variables	Pre test		Post test		Mean difference	Paired 't' value	Table value
		Mean	SD	Mean	SD			
1	Level of Stress	26.51	21.28	10.97	15.19	15.54	10.11	2.38

df= 39

(\*p<0.05)

Table 4.2, portrays that, the mean pre test score [26.51(±21.28)] and post test score [10.97(±15.19)]. The paired 't' value (10.11) is greater than the table value (2.38) at p<0.05 level of significance. Hence the pranayama is effective in reducing the level of stress among the wives of alcoholics.

## SECTION: D

**Table-4.3:**

**Association between the level of stress among wives of alcoholics and their selected demographic variables**

n=40

Demographic variables	Mild		Moderate		Severe		Chi Square	P-value
	f	%	f	%	f	%		
<b>1.Age</b>								
a) 20-28 years	14	35	-	-	2	5	3.364	0.4959
b) 29-37 years	9	23	1	2.5	2	5	(df=4)	
c) 38-45 years	11	27	1	2.5	-	-	t=9.48	
<b>2.Religion</b>								
a) Christian	2	5	1	2	1	3	6.212	0.1833
b) Hindu	24	60	1	2	3	8	(df=4)	
c) Muslim	8	20	-	-	-	-	t=9.48	
<b>3. Education</b>								
a) No formal education	5	12	-	-	-	-	7.195	0.5233
b) Primary education	14	35	-	-	1	3	(df=8)	
c) Secondary education	10	25	1	2	3	7	t=15.50)	
d) Higher secondary education	4	10	1	3	-	-		
e) Graduate	1	3	-	-	-	-		
<b>4.Monthly Income</b>								
a) ≤ Rs .1000	1	3	-	-	-	-		0.0733
b) Rs 1001-3000	3	7	-	-	2	5	11.52	
c) Rs 3001-5000	21	52	-	-	2	5	(df=6)	
d) > Rs.5000	9	23	2	5	-	-	t=12.59	

<b>5. Type of family</b>								
a) Nuclear family	29	72	2	5	4	10	1.407	1.0084
b) Joint family	4	10	-	-	-	-	(df=4)	
c) Extended family	1	3	-	-	-	-	t=9.48	
<b>6. Food habits</b>								
a) Vegetarian	2	5	-	-	-	-	18.30 *	0.8305
b) Non Vegetarian	32	80	2	5	4	10	(df=2) t=5.99	
<b>7. Number of children</b>								
a) No child	1	3	1	2	-	-	10.62	0.1005
b) One child	8	20	-	-	1	3	(df=6)	
c) Two children	18	45	1	3	3	7	t=12.59	
d) More than two	7	17	-	-	-	-		
<b>8. Duration of consuming alcohol by husband</b>								
a) 1-2 years	4	10	-	-	-	-	1.41	0.8417
b) 3-4 years	6	15	-	-	1	3	(df=4)	
c) Above 4 years	24	60	2	5	3	7	t=9.488	
<b>9. Duration of married life</b>								
a) 1-2 year	6	15	1	2	-	-	3.5449	0.4710
b) 3-4 years	13	33	-	-	1	3	(df=4)	
c) Above 4 years	15	37	1	3	3	7	t=9.488	
<b>10. Occupational status of the husband</b>								
a) Coolie	15	37	-	-	3	7	8.351	0.3939
b) Private	10	25	2	5	1	3	(df=8)	
c) Government employee	3	8	-	-	-	-	t=15.50	
d) Business	6	15	-	-	-	-		

<b>11. Previous knowledge about Pranayama</b>								
a) Yes	9	23	-	-	1	3	0.45	
b) No	25	62	2	5	3	7	(df=2) t=5.99	0.7026
<b>12. Perceived social support</b>								
a) Relatives	32	80	-	-	2	5	40.88 *	
b) Neighbors	1	2	1	3	-	-	(df=8)	0.00
c) Friends	1	3	-	-	2	5	t=15	
d) Health personal	-	-	-	-	-	-		
e) No support	-	-	1	2	-	-		

(\*P<0.05)The table 4.3 depicts that, there was a significant association (p<0.05) found between the level of stress among wives of alcoholics and their demographic variables like food habits and perceived social support.

## **CHAPTER-V**

### **DISCUSSION**

This chapter deals with pre - experimental study done to determine the effectiveness of Pranayama on stress among wives of alcoholics.

#### **Distribution of samples according to demographic variables**

Majority of the subjects were between the age of 20-28 years, 70% of them were Hindu, 38% of them had primary education. Considering their monthly income, 57% of them were between Rs.3000-5000, 87% of them belongs to nuclear family, 95% of them were non-vegetarian, 55% of them had two children, duration of consuming alcohol by husband 48% of the husband were had the habit of consuming alcohol for above 4 years, 73% of them were more than 4 years of married life, 45% of the subjects were belongs to coolie, 75% had no knowledge about Pranayama, and 85% of them had support from their relatives.

This study is consistent with the finding of Kaplan& Sadock(2005) who reported adults who first used alcohol at a younger age more likes to have developed dependence than those who started later. The finding of Sundharam K.R.et al.,(2004) who reported that alcohol abuse was found to be significantly associated with religion higher in Hindus.

**First objective of the study is to assess the level of stress among wives of alcoholics before and after Pranayama.**

Pretest, majority of the subjects 34 (85%) had mild stress, 2(5%) had moderate stress and 4(10%) had severe stress. Where as in the post test, majority of the subjects 28(70%) had mild stress, 2(5%) had moderate stress, 0% had severe stress, and 10(25%) of them had no stress.

**Second objective of the study is to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics.**

The mean post test stress score [ $10.97 \pm 15.19$ ] of the subjects is decreased than the mean pretest stress score [ $26.51 \pm 21.28$ ]. The calculated 't' value 10.11 is greater than the table value (2.38) at  $p < 0.05$  level of significance.

This result was supported by Shierska.A et.al.,(2004) conducted a study to evaluate the effect of pranayama in reducing stress and improving the quality of life among 60 elderly resident in old age home at pune, and who reported that after practicing Pranayama the level of stress was reduced among elderly.

**H<sub>1</sub> :** There was a significant difference between the level of stress before and after pranayama among wives of alcoholics.

**Third objective of the study is to associate the level of stress among wives of alcoholics with the selected demographic variables.**

There was a significant association between the level of stress among wives of alcoholics and their selected demographic variables like food habits and perceived social support.

## **CHAPTER-VI**

### **SUMMARY, CONCLUSION, IMPLICATION, LIMITATION AND RECOMMENDATION**

In this chapter summary, implication to nursing practice, recommendations to nursing practice are suggested.

#### **SUMMARY**

In this study evaluative approach, Pre experimental one group pre test and post test design was used to evaluate the effectiveness of pranayama on stress among wives of alcoholics. Modified Betty Neuman model (1972) was adapted for this study. The study was conducted in Alangium community area, Dharapuram. The sample size was 40 and samples were selected by non probability convenience sampling technique. Modified stress assessment scale was used to collect the data.

The collected data were analyzed by using descriptive and inferential statistics. To test the hypothesis paired “t” test and chi-square were used.

#### **FINDING OF THE STUDY**

- Majority of the subjects were between the age of 20-28 years, 70% of them were belongs to Hindu religion, 38% of them had primary education. Considering their monthly income, 57% of them were getting between Rs.3000-5000, 87% of them belongs to nuclear family, 95% of them were non-vegetarian, 55% of them had two children, duration of consuming alcohol by husband 48% of the husband were had the habit of consuming alcohol for above 4 years,



73% of them were more than 4 years of married life, 45% of the subjects were belongs to coolie, 75% of them had no knowledge about Pranayama, and 85% of them had support from their relatives.

- In Pretest, majority of the subjects 85% of them had mild stress, 5% had moderate stress and 10% had severe stress. Where as in the post test, majority of the subjects 85% of them had mild stress, 5% had moderate stress, 10% of them had no stress and none of them had severe stress.
- The mean post test stress score [ $10.97 \pm 15.19$ ] of the subjects is decreased than the mean pretest stress score [ $26.51 \pm 21.28$ ]. The calculated 't' value 10.11 is greater than the table value (2.38) at  $p < 0.05$  level of significance.
- There was an association found between the level of stress among wives of alcoholics and their demographic variables like food habits and perceived social support.

Hence hypothesis is retained.

## CONCLUSION

This study was done to evaluate the effectiveness of pranayama on stress among wives of alcoholics. Most of the wives of alcoholics have mild and moderate level of stress. Pranayama is more effective in reducing the level of stress among wives of alcoholics.

## IMPLICATIONS

### Nursing practice:

- Pranayama can be used in hospitals to reduce stress and anxiety, to strengthen nervous system, increases the digestion process, and removes the toxin and stale air from the lungs.

- Nursing colleges can teach pranayama and insist them to practice the pranayama in daily life to reduce the stress and improve the coping abilities.
- Pranayama can be mediated to community area through nursing students to improve the quality of their life.

### **Nursing Education:**

- Yoga can be included in nursing curriculum.
- Pranayama and other yoga therapies can be taught and practiced by the students provide a sense of well being and keep our body very young.

### **Nursing Research**

- This study provides broad framework on which research can be done.
- Methodology and literature reviews provide guidelines for the researchers.
- Research regarding pranayama can be done with different settings and samples.

### **Nursing administration**

- Nurse administrator can insist the staff to practice pranayama.
- Nurse administrator can provide or arrange the setting for the procedure.
- In continuing nursing education administrator focus studies related to pranayama on stress.

## RECOMMENDATIONS

- A similar study can be conducted on different settings like De-addiction centre and hospitals.
- A comparative study can be done to assess the quality of life among wives of alcoholics.
- The study can be replicated using a large sample there by findings can be generalized.
- A similar study can be conducted on stress among students, nurses, and software professionals.
- A study to assess the effectiveness of cognitive relaxation therapy in reducing stress among wives of alcoholics.

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**ANNEXURE - I**  
**LETTER SEEKING PERMISSION TO CONDUCT**  
**RESEARCH STUDY**

**TO WHOME SO EVER IT MAY CONCERN**

This is to certify that Mrs. Jinu Mathew II year Msc nursing student conducted research on “ A study to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics in selected rural community at Dharapuram” , in our village from 28/05/2012 to 28/06/2012.

**P. Balakrishnan**  
தலைவர்  
முதல்தலை ஊராட்சி மன்றம்  
ஆலங்குடி



**ANNEXURE-II**  
**SECTION-A**  
**Structured Interview Questionnaire**  
**DEMOGRAPHIC PROFILE**

**Sample no:**

**Date:**

1. Age
  - a) 20-28 years
  - b) 29 -37 years
  - c) 38-45 years
  
2. Religion
  - a) Christian
  - b) Hindu
  - c) Muslim
  
3. Education
  - a) No formal education
  - b) Primary education (up to VIII standard)
  - c) Secondary education (IX, X)
  - d) Higher secondary education (XI, XII)
  - e) Graduate
  
4. Monthly Income
  - a) Below 1000 Rupees
  - b) 1000-3000 Rupees
  - c) 3001-5000 Rupees
  - d) Above 5000 Rupees

5. Type of family
  - a) Nuclear family
  - b) Joint family
  - c) Extended family
6. Food habits
  - a) Vegetarian.
  - b) Non vegetarian.
- 7) Number of child
  - a) No child
  - b) One child
  - c) Two children
  - d) More than two
- 8) Duration of consuming alcohol by husband
  - a) 1-2 years
  - b) 3-4 years
  - c) Above 4years
- 9) Duration of married life
  - a) 1-2 years
  - b) 3-4 years
  - c) Above 4 years
- 10) Occupational status of the husband
  - a) Coolie
  - b) Private employee
  - c) Government employee
  - d) Business
  - e) Any other, specify

11) Previous knowledge about Pranayama

a) Yes

b) No

12) Perceived social support

a) Relatives

b) Neighbors

c) Friends

d) Health personal

e) No ones

**Section: B Modified stress Assessment scale**

Please read each statement and tick a number 0, 1, 2, or 3, which indicates how much the statement applied to you over the past week.

S: no	Manifestation	0	1	2	3
1	I found myself getting upset by quite trivial things.				
2	I was aware of dryness of my mouth.				
3	I experienced breathing difficulty (eg:- excessively rapid breathing, breathlessness, in the absence of physical exertion.)				
4	I tended to over-react to situations.				
5	I found myself getting upset rather easily.				
6	I found it difficult to relax.				
7	I felt that I was using a lot of nervous energy.				
8	I felt that I was rather touchy.				
9	I found myself getting impatient when I was delayed in any way (eg:- Lifts, traffic lights, being kept waiting.)				
10	I felt scared without any good reason.				
11	I found it hard to wind down.				
12	I found that I was very irritable.				
13	I had difficulty in swallowing.				
14	I was aware of the action of my heart in the absence of physical exertion (sense of heart rate increase, heart missing a beat.)				

<b>S: no</b>	<b>Manifestation</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
15	I found it hard to calm down after something upset me.				
16	I found it difficult to tolerate interruptions to what I was doing.				
17	I was intolerant of anything that kept me from getting on with what I was doing.				
18	I was in a state of nervous tension.				
19	I found my self getting agitated.				
20	I felt I was frustrated.				
	Total score				

The rating scale is as follows

- 0- Did not apply to me at all
- 1- Applied to me to some degree or some of the time.
- 2- Applied to me a considerable degree, or a good part of time.
- 3- Applied to me very much, or most of the time.

## **ANNEXURE - III**

### **INTERVENTION**

Yoga is, “System of exercise to attain mental control  
And well being, to a path of liberation”  
Pranayama is, Art of scientific breathing.

#### **Benefits of pranayama therapy**

- Reduce the stress and anxiety.
- Provides a sense of well being.
- Keeps our body very young.
- Promote good emotional control, equilibrium and psychological soundness to overcome psychological distress.
- Enhances the balance of our nervous system and allows thinking creatively.
- Increases the digestion process.
- Strengthens the diaphragm and respiratory muscle.
- Strengthens the immune system.

#### **Guidelines for practicing Pranayama**

- Pranayama practice can be done at any time in a day, but the best time to practice is during the early morning and late evening.
- Practice in a calm, clean, pleasant room, which is well ventilated, or an open space.
- Do not practice pranayama in the wind of an electric fan or in an air-conditioned room.

- Take a bath or atleast wash the face, hands and legs before commencing the practice.
- Practice pranayama in an empty stomach or 2-3 hours after meals.
- Do it in a relaxed manner.

### **Steps in pranayama**

- Sit comfortably in any meditation posture. Preferably padmasana is preferred.
- Keep the right foot on the left thigh and gently in crossed position, keep the left foot in right thigh, the soles of the feet must be pointed upward.
- Keep the head and spine upright Rest both hands on the knee.
- Close the eyes and relax the whole body.
- Close the left nostril with the left thumb.
- Exhale forcefully through the right nostril. Then inhale through the same right nostril.
- Then close the right nostril with the index finger of left hand and at the same time remove left thumb from left nostril.
- Exhale forcefully through left nostril and inhale through the same left nostril.
- Repeat this sequence 10 times. Keep left hand on left lap. Rest for one minute. This is one cycle.
- Do 3 such cycles.

## LETTER REQUESTING OPINION AND SUGGESTING OF EXPERTS TO VALIDATE THE TOOL

From

Mrs. Jinu Mathew  
I Year M.Sc Nursing  
Sara Nursing College  
Dharapuram

To

Through

The Principal  
Sara Nursing College  
Dharapuram

Respected Sir / Madam

**Sub:** Request letter to gather opinion and suggestion of experts for establishing content validity of the research tool.

I am Mrs. Jinu Mathew, M.Sc Nursing student of Sara Nursing College, Dharapuram. As a partial fulfillment of Master Degree in Nursing, I have undertaken the following research study which has to be submitted to the Tamilnadu Dr. M.G.R Medical University, Chennai.

Research Study,

“ A study to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics in selected rural community in Dharapuram”.

Here with I have enclosed:

- Statement of the problem
- Objectives of the study
- Tool I → Structured Interview Questionnaire for demographic variables
- Tool II → stress assessment Rating scale
- Intervention → Pranayama
- Content validity certificate

I request you to kindly validate the tool and give your expert opinion for necessary modification.

Thanking you

Yours obediently

Place : Dharapuram  
Date :



## ANNEXURE - IV

## ANNEXURE - V

### CONTENT VALIDITY CERTIFICATE

I here by certify that, I have validated the tool of Mrs. Jinu Mathew, I year Msc Nursing student of SARA NURSING COLLEGE, Dharapuram, who is undertaken dissertation work on, **“A study to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics in selected rural community in Dharapuram”**.

signature of the expert

Name:

Designation:

Date :

Place :

**ANNEXURE - VI**  
**LIST OF EXPERTS**

**1. Prof. Mrs. S. RAJAMANI, M.SC Nursing**

HOD

Department of psychiatric Nursing

Madhurai Medical college

Madhurai.

**2. Prof. Mrs. J. ANGEL ARPUTHA JOTHI**

READER

Department of psychiatric Nursing

Matha college of Nursing

Mana Madurai

**2. Prof.Mrs. Vanitha Rani M.Sc(N)**

Department of Psychiatric Nursing

Matha college of Nursing

Mana Madurai

**3. Dr. DHEEP M.B.B.S., MD.,**

Psychiatrist , Hypnotherapist

De – Addiction specialist.

Sr. consultant, Apollo Hospital

Madhurai.

**4. Dr. MANI, M.Sc, M.A. M.Phil, Ph.D**

Prof. in Psychology,

Sara Nursing College,

Manakkadavu ,

Dharapuram

**ANNEXURE - VII**  
**ENGLISH EDITING CERTIFICATE**

I hereby certify that I have edited the work of Mrs. Jinu Mathew II nd year M.Sc Nursing student of sara nursing college, Dharapuram, who has undertaken dissertation work on **“A study to evaluate the effectiveness of Pranayama on the level of stress among wives of alcoholics in selected rural community in Dharapuram”**.

Name: *S. Nalini*

Designation: *Teaching Assistant*

Date: *04/02/2013*

*S. Nalini B.A. B.Ed*  
Signature



## ANNEXURE - VIII

### PHOTOS



